

County: Pierce  
 SIGNET HEALTH/REHAB CENTER OF PRESCOTT  
 1505 ORRIN ROAD

Facility ID: 8330

Page 1

PRESCOTT 54021 Phone:(715) 262-5661  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/02): 62  
 Total Licensed Bed Capacity (12/31/02): 66  
 Number of Residents on 12/31/02: 40

Ownership:  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 46

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
Home Health Care	No		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			12.5
Supp. Home Care-Personal Care	No		-----		-----		1 - 4 Years			52.5
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	2.5	More Than 4 Years			35.0
Day Services	No		Mental Illness (Org./Psy)	32.5	65 - 74	7.5				-----
Respite Care	No		Mental Illness (Other)	0.0	75 - 84	25.0				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	37.5	*****			
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	27.5	Full-Time Equivalent			
Congregate Meals	No		Cancer	0.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	Yes		Fractures	0.0		100.0	(12/31/02)			
Other Meals	No		Cardiovascular	2.5	65 & Over	97.5	-----			
Transportation	No		Cerebrovascular	22.5		-----	RNs			
Referral Service	No		Diabetes	0.0	Sex	%	LPNs			
Other Services	No		Respiratory	2.5	-----		Nursing Assistants,			
Provide Day Programming for			Other Medical Conditions	40.0	Male	22.5	Aides, & Orderlies			
Mentally Ill	No			-----	Female	77.5				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

\*\*\*\*\*

#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			1	3.2	148	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.5
Skilled Care	3	100.0	325			26	83.9	125	0	0.0	0	0	0.0	0	0	0.0	0	6	100.0	325	35	87.5
Intermediate	---	---	---			4	12.9	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	10.0
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0				31	100.0		0	0.0		0	0.0		0	0.0		6	100.0		40	100.0

*****					
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02			
		-----			
Percent Admissions from:		Activities of		% Needing Assistance of	Total
				One Or Two Staff	Number of Residents
				%	
Private Home/No Home Health	6.1	Daily Living (ADL)	Independent		
Private Home/With Home Health	3.0	Bathing	0.0	90.0	40
Other Nursing Homes	3.0	Dressing	5.0	85.0	40
Acute Care Hospitals	87.9	Transferring	15.0	70.0	40
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	15.0	70.0	40
Rehabilitation Hospitals	0.0	Eating	65.0	25.0	40
Other Locations	0.0	*****			
Total Number of Admissions	33	Continence		%	%
Percent Discharges To:		Indwelling Or External Catheter	7.5	Receiving Respiratory Care	5.0
Private Home/No Home Health	31.3	Occ/Freq. Incontinent of Bladder	67.5	Receiving Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	32.5	Receiving Suctioning	0.0
Other Nursing Homes	6.3			Receiving Ostomy Care	5.0
Acute Care Hospitals	16.7	Mobility		Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	5.0	Receiving Mechanically Altered Diets	25.0
Rehabilitation Hospitals	0.0			Other Resident Characteristics	
Other Locations	2.1	Skin Care		Have Advance Directives	90.0
Deaths	43.8	With Pressure Sores	12.5	Medications	
Total Number of Discharges		With Rashes	5.0	Receiving Psychoactive Drugs	65.0
(Including Deaths)	48				

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*****									
	This Facility	Ownership: Proprietary	Bed Size: 50-99	Licensure: Skilled	All Facilities				
	%	Peer Group	Peer Group	Peer Group	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	68.7	84.7	0.81	87.1	0.79	85.3	0.80	85.1	0.81
Current Residents from In-County	67.5	81.6	0.83	81.5	0.83	81.5	0.83	76.6	0.88
Admissions from In-County, Still Residing	12.1	17.8	0.68	20.0	0.61	20.4	0.59	20.3	0.60
Admissions/Average Daily Census	71.7	184.4	0.39	152.3	0.47	146.1	0.49	133.4	0.54
Discharges/Average Daily Census	104.3	183.9	0.57	153.5	0.68	147.5	0.71	135.3	0.77
Discharges To Private Residence/Average Daily Census	32.6	84.7	0.39	67.5	0.48	63.3	0.52	56.6	0.58
Residents Receiving Skilled Care	90.0	93.2	0.97	93.1	0.97	92.4	0.97	86.3	1.04
Residents Aged 65 and Older	97.5	92.7	1.05	95.1	1.03	92.0	1.06	87.7	1.11
Title 19 (Medicaid) Funded Residents	77.5	62.8	1.23	58.7	1.32	63.6	1.22	67.5	1.15
Private Pay Funded Residents	0.0	21.6	0.00	30.0	0.00	24.0	0.00	21.0	0.00
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents	32.5	29.3	1.11	33.0	0.98	36.2	0.90	33.3	0.97
General Medical Service Residents	40.0	24.7	1.62	23.2	1.72	22.5	1.78	20.5	1.95
Impaired ADL (Mean)	46.0	48.5	0.95	47.7	0.96	49.3	0.93	49.3	0.93
Psychological Problems	65.0	52.3	1.24	54.9	1.18	54.7	1.19	54.0	1.20
Nursing Care Required (Mean)	6.6	6.8	0.97	6.2	1.05	6.7	0.97	7.2	0.91